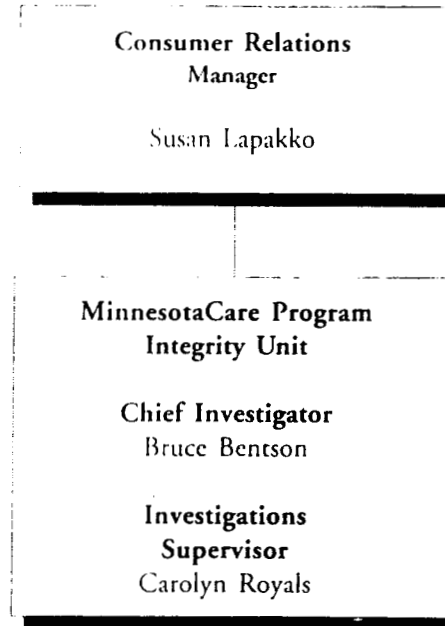


Health Care Eligibility and Access
December 2003



STATE: MINNESOTA
Effective: January 1, 2004
TN: 04-03
Approved: ANY 1 0 2004

Performance Measurement and Quality Improvement
Health Care
December 2003

**Performance Measurement
& Quality Improvement**

Director

Vicki Kunerth

Budget & Contracts

Efren Tovar León

**Operations and
Production Support**

Supervisor
Sara Koppe

**Managed
Care
Ombudsman &
Fee-for-Service
Recipient
Assistance/Helpdesk**

Supervisor
Ginny Prasek

**Health Care Research
&
Evaluation**

Manager
Vacant

**Surveillance &
Integrity Review**

Manager
Ron Nail

**Health Program
Quality**

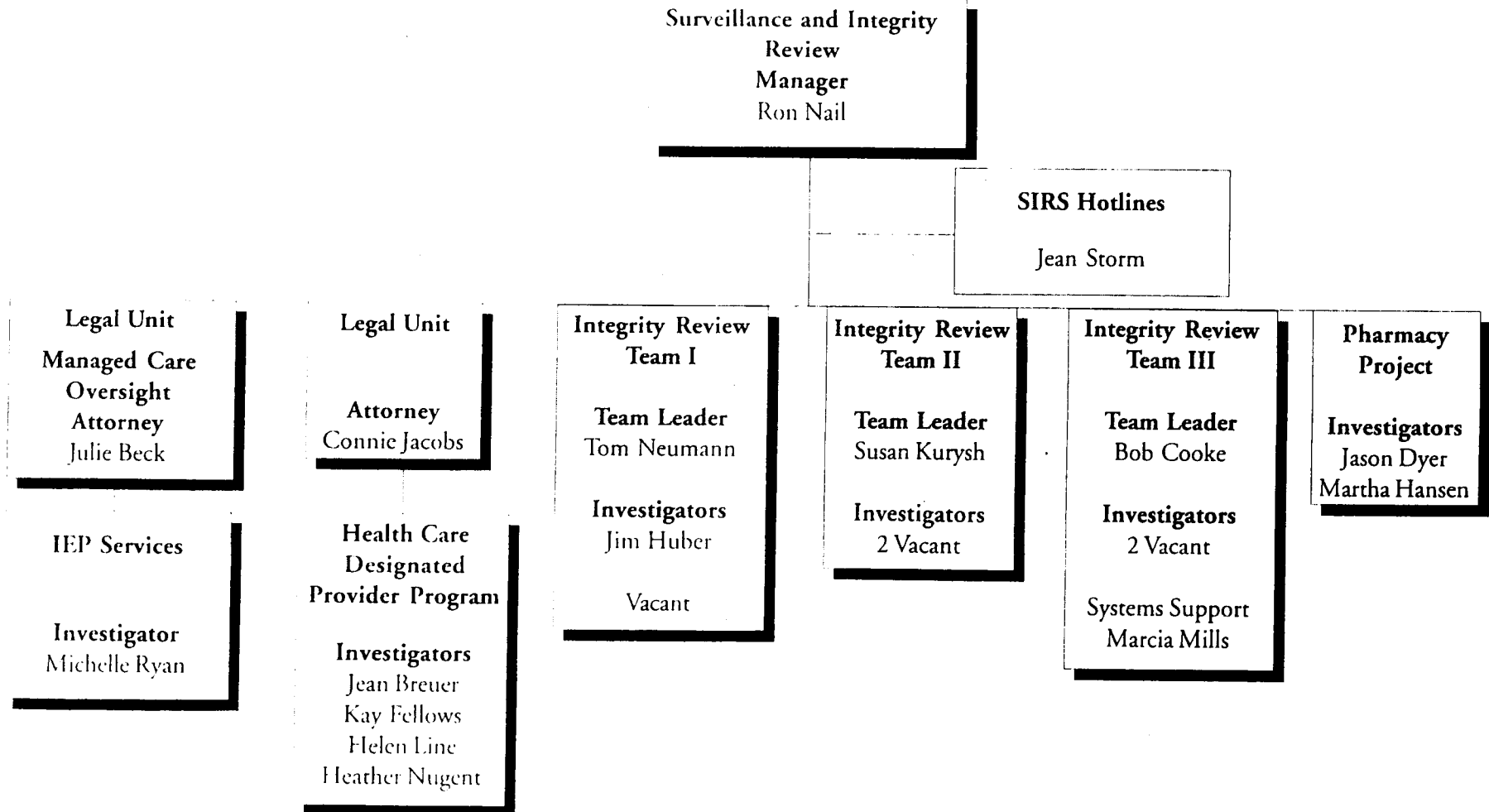
Manager
Robert Lloyd

**Maternal & Child
Health Assurance**

Manager
Susan Castellano

Surveillance and Integrity Review Section
Performance Measurement and Quality Improvement
Health Care
December 2003

STATE: MINNESOTA
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Health Care Research and Evaluation
Performance Measurement and Quality Improvement
Health Care
December 2003

STATE: MINNESOTA
Effective: January 1, 2004
TN: 04-03
Approved:

Health Care Research
and Evaluation

Manager
Vacant

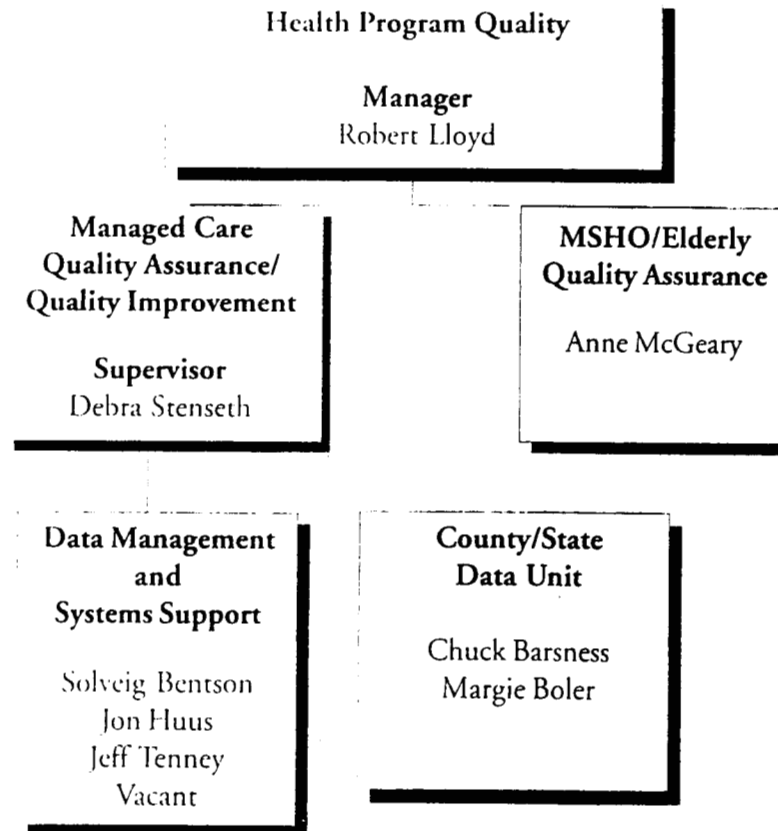
Studies Design and
Implementation

Dawn Buntnell
James S. McRae, Jr.
Vacant

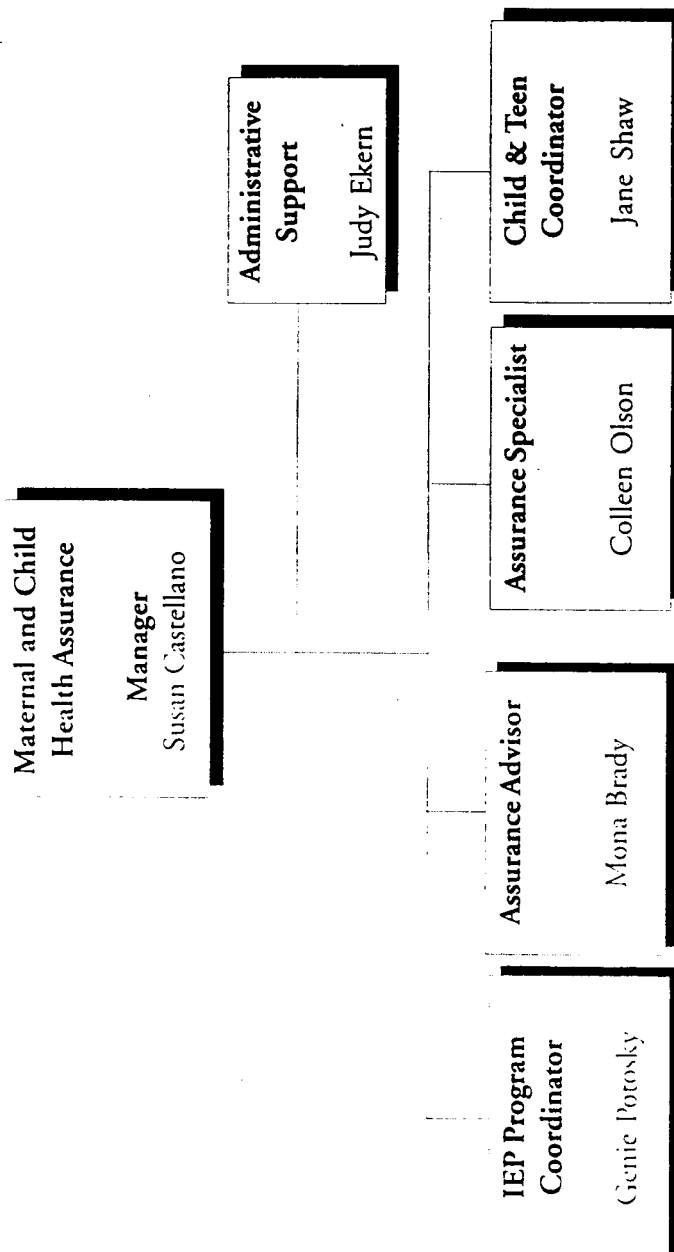
Technical Services Liaison

Carl Haerle

Health Program Quality
Performance Measurement and Quality Improvement
Health Care
December 2003



**Maternal and Child Health Assurance
Performance Measurement and Quality Improvement
Health Care
December 2003**



Performance Measurement and Quality Improvement
Managed Care Ombudsman &
Fee-for-Service Recipient Assistance/Helpdesk
Health Care
December 2003

Managed Care Ombudsman
& Fee-for-Service
Recipient Assistance/Helpdesk

Supervisor

Ginny Prasek

Administrative
Support

Nancy Secor

Helpdesk
Representatives

Lead Worker
Mary Piss

Molly Hayes
Greg Langason
Camille Miller
Sharon Olson

Ombudsman

JoAn Myers
Marcos Perez
Vacant

Data Specialist

Kristi Burt

Effective: January 1, 2004

TN: 04-03

Approved: MAY 10 2004

Supersedes: 97-22 (94-26/88-44/87-26)

~~"Health Maintenance Organization" (HMO)~~ "Managed Care Organization" (MCO) means an entity which ~~that~~ has, or is seeking to qualify for, a comprehensive risk contract, and that is:

1. ~~provides, either directly or through arrangements with providers or other persons or entities, comprehensive health services for a fixed sum without regard to the frequency or extent of services furnished to a particular enrollee a~~ Federally qualified health maintenance organization (as defined in 42 CFR §438.2) that meets the advance directives requirements of 42 CFR §489.100-.104; or
2. ~~is organized primarily for the purpose of providing health care services;~~
3. ~~makes the services it provides to its Medicaid enrollees as accessible to them as those services are to non-Medicaid enrollees within the HMO's service area, in terms of timeliness, amount, duration and scope; and~~
4. ~~makes provision against the risk of insolvency to the satisfaction of the State and assures that Medicaid enrollees will not be liable for the HMO's debts in the event of insolvency any public or private entity that meets the advance directives requirements of 42 CFR §489.100-.104 and is determined to also meet the following conditions:~~
 - A. Makes the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration and scope) as those services are to other Medicaid recipients within the area served by the entity; and
 - B. Meets the solvency standards of 42 CFR §438.116.

This definition includes, but is not limited to:

1. ~~a non-profit corporation or any statutory or home rule charter city or county that has been issued a certificate of authority by the Department of Health pursuant to Minnesota Statutes, chapter 62D; and~~
2. ~~a community integrated service network (CISN) licensed by the Department of Health pursuant to Minnesota Statutes, chapter 62N; and~~
3. a county-based purchaser meeting county-based purchasing requirements in state law.

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Effective: January 1, 2004

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Supersedes: 00-11

ATTACHMENT 3.1-A

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6.d. Other practitioners' services. (continued)

- G. Coverage of ~~health maintenance~~ managed care
organization services provided consistent with 42 CFR
Part ~~434~~ 438 and state law.

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Effective: January 1, 2004

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Approved: MAY 10 2004

Supersedes: 00-11

6.d. Other practitioners' services. (continued)

- G. Coverage of ~~health maintenance~~ managed care
organization services provided consistent with 42 CFR
Part ~~434~~ 438 and state law.

STANDARDS AND METHODS OF ASSURING HIGH QUALITY OF CARE

The Department has developed a written health managed care quality strategy improvement system that is consistent with federal requirements under ~~Title XIX~~ and regulations at 42 CFR §434.34 §§438.202 and 438.204. The State's health care quality improvement system strategy includes a mechanism mechanisms designed to hold managed care organizations accountable for monitoring, evaluating monitor and taking action to improve the health care delivered or arranged for under the evaluate contracted managed care organizations' contract (MCOs') compliance with the federal and state standards for the quality of health care provided to enrollees.

The quality strategy is reviewed annually and updated as necessary, and it includes recommendations provided by an independent External Quality Review Organization (EQRO). The EQRO annually conducts a review of each MCO and reports on the quality outcomes and timeliness of, and access to, the services covered under each MCO contract.

To accomplish its quality measurement and improvement activities, the State works with the Department's Quality Advisory Committee composed of representatives from the health plans, the Minnesota Department of Health, and the county human service agencies. Quality assurance program standards are also included in health plan contracts, and compliance is monitored through the interagency agreement by the Minnesota Department of Health.

In addition, the State monitors the quality of care provided to health plan enrollees through yearly contracts with an external quality review organization that performs an independent review of conditions of interest selected by the Department and the Advisory Committee. This requirement may be satisfied by participation in the consumer satisfaction survey developed by the Minnesota Health Data Institute to measure health plan enrollee satisfaction with their health care. The State requires health plans to administer an annual member satisfaction survey to assess the level of satisfaction with the health care received through their health plan.

The scope of the quality strategy includes the federally mandated external quality review activities in 42 CFR §438.358(b): 1) determining a MCO's compliance with federal Medicaid managed care regulations; 2) validation of performance measures produced by a MCO; and 3) validation of performance improvement projects undertaken by a MCO.

An annual consumer satisfaction survey is also conducted to obtain enrollee feedback on services provided.